Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	
	C C00521013
Check if 24-hour report 48-hour report New report Amends report filed	d on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Zulema Camacho	M M / D D / Y Y Y Y
Mailing Address 100 SW 83 Way Apt. 102	04 28 2016 Amount
	Alloun
City State Zip Code	150.00
Pembroke Pines FL 33025	Transaction ID : D450638  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	04 28 2016
Name of Federal Candidate Support Office	e Sought: House District:
DONALD J TRUMP Oppose	President Senate State:
Odiolidai Iodi lo Bato	ursement For: Primary X General
Per Election for Office Sought 42745.55 2016	Other (specify) >
Full Name of Payee	Date of Public Distribution/Dissemination
Judith Cruz	04 28 2016
Mailing Address 8181 NW S River Drive Apt. 145	
· ·	Amount
City State Zip Code	127.50
Medley FL 33166	Transaction ID : D450641 Date of Disbursement or Obligation
Purpose of Expenditure  Category/  Category/	M = M / D = D / Y = Y = Y
Estimated Cost for Canvassing Services 4/28-5/4  Type  004  Type	04 28 2016
Name of Federal Candidate Support Offic	e Sought: House District:
DONALD J TRUMP Oppose	President Senate State:
Calendar Year-To-Date Disb	ursement For: Primary X General
Per Election for Office Sought 42745.55	Other (specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	277.50
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date	05 06 2016
Signature	

Schedule E)	PAGE 2 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Date of F	Public Distribution/Dissemination
Miladis Diaz	
Mailing Address 9 East 4 Street Apt 102  Amount	
City State Zip Code	262.50
Date of I	tion ID : D450644 Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	
Name of Federal Candidate Support Office Sought:	House District:
DONALD J TRUMP	Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2016  Othe	for:
	Public Distribution/Dissemination
Pedro Gonzalez	
Mailing Address 915 NW 1st Ave Amount	
Apt H2512	
City State Zip Code	150.00
Wildini	on ID: D450646 Disbursement or Obligation
Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004  04	
Name of Federal Candidate Support Office Sought:	House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2016  Other	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	440.50
(a) SOBTOTAL of Remized Independent Experialities	412.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coo with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
[Electronically Filed] Date 05	06 / 2016
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report  48-hour report  New report  Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee  Jose Miguel Gonzalez Ortiz	Date of Public Distribution/Dissemination
Jose Miguel Gorizalez Ortiz	04 28 2016
Mailing Address 1321 NW 42 Street Rear	Amount
City State Zip Code	212.50
Miami FL 33142	Transaction ID : D450648  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4 Category/ Type 004	04 28 2016
Name of Federal Candidate Support Offic	e Sought: House District:
DONALD J TRUMP Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Olvin Henriquez	04 28 2016
Mailing Address 3351 SW 24 Terrace	Amount
City State Zip Code	112.50
Miami FL 33145	Transaction ID : D450650  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4 Category/ Type 004	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	ee Sought: House District:
DONALD J TRUMP	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	325.00
(-,	320.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
	05 06 2016
Signature	

Schedule E)	3	PAGE 4 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC	C IDENTIFICATION NUMBER ▼
Florida Freedom PAC		
Check if 24-hour report X 48-hour report New report	Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee Alicia Alzuri	M - M	
Mailing Address 9214 SW 147 Ct.	Amount	28 2016
City State Zip Code Miami FL 33196		262.50 on ID : D450652
Purpose of Expenditure  Estimated Cost for Capyageing Services 4/28-5/4  Category	ry/ Date of Di	isbursement or Obligation
, 'y	pe 004 04	
Name of Federal Candidate  DONALD J TRUMP	Support Office Sought:  Oppose President	House District:
Calendar Year-To-Date Per Election for Office Sought 42745	Disbursement Fo 2016 Other	r: Primary ⊠ General (specify) ▶
Full Name of Payee Humberto Iglesias	Date of P	ublic Distribution/Dissemination
Mailing Address 8181 NW South River Drive Apt. A14	Amount	20 200
City State Zip Cod Medley FL 33166	Transactio	262.50 n ID : D450654
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4 Catego		isbursement or Obligation  28 2016
Name of Federal Candidate	Support Office Sought:	House District:
DONALD J TRUMP	Oppose President	Senate State:
Calendar Year-To-Date Per Election for Office Sought 42745	Disbursement For 2016 Other	r:
(a) SUBTOTAL of Itemized Independent Expenditures		525.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	7 7
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Gihan Perera [Electronically File	7.7	2016

Schedule E)	PAGE 5 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on	M / D D / Y H Y H Y
Full Name of Payee Date of	of Public Distribution/Dissemination
	04 28 7 2016
Mailing Address 11960 Tuttle Blvd.  Amoun	nt
City State Zip Code	150.00
Date of	action ID : D450655 of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	04 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	t: House District:
DONALD J TRUMP Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  On	t For:
	of Public Distribution/Dissemination
	04 / 28 / 2016
Mailing Address 7080 NW 174 Terrace Apt. 104  Amount	nt
City State Zip Code	187.50
Date of	oction ID : D450657 of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	04 / 28 / 2016
Name of Federal Candidate Support Office Sough	t: House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought  Disbursemen 2016  O	t For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	337.50
(b) CUPTOTAL of Heiberical Independent Formations	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	77 77 77
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if t party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date 05	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	PAGE 6 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	Pate of Public Distribution/Dissemination
Julio Cesar Maldonado Rodriguez	04 28 2016
Mailing Address 7757 SW 86 Street Apt. C111	mount
City State Zip Code	75.00
D	ransaction ID : D450659 late of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District:
DONALD J TRUMP Oppose Pro	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburse 2016	ement For: Primary X General  Other (specify) ▶
	Date of Public Distribution/Dissemination
Maria Patricia Medina	04 28 2016
Mailing Address 3700 NW 62 Ave. Apt. 207	mount
City State Zip Code	187.50
D	ansaction ID: D450661 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  O04	04 / 28 / 2016
Name of Federal Candidate Support Office So	ought: House District:
DONALD LIBLIND	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburse 2016	ement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	262.50
	7 7 20.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Gihan Perera  [Electronically Filed] Date  O5	06 2016
Signature	

Schedule E)	PAGE 7 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed or	n M = M / D = D / Y = Y = Y
Full Name of Payee Xaviera Ramos	Date of Public Distribution/Dissemination
Mailing Address 2406 San Remo Circle	04 28 2016 Amount
City State Zip Code	212.50
	<b>Fransaction ID : D450663</b> Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4 Category/ Type 004	04 28 / 9 2016
Name of Federal Candidate Support Office S	Sought: House District:
DONALD J TRUMP Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburse 2016	ement For:
	Date of Public Distribution/Dissemination
Henrietta Ricketts	04 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 10601 NW 17 Ave Apt 102	Amount
City State Zip Code	220.00
	ransaction ID : D450665 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4 Category/ Type 004	04 28 7 2016
Name of Federal Candidate Support Office S	Sought: House District:
DONALD J TRUMP Oppose P	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	ement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	432.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date 05	06 2016
Signature	

Schedule E)	PAGE 8 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
	Public Distribution/Dissemination
	M / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 114 NE 83 Street  Amount	
City State Zip Code	187.50
Date of	ction ID : D450667 Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	04 28 2016
Name of Federal Candidate Support Office Sought:	House District:
DONALD J TRUMP	Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  Oth	For:
	Public Distribution/Dissemination
	04 28 2016
Mailing Address 3501 W 11 Avenue Apt. 113  Amount	t
City State Zip Code	187.50
	tion ID : D450669  Disbursement or Obligation
	04 / 28 / Y 2016
Name of Federal Candidate Support Office Sought:	House District:
DONALD J TRUMP Oppose Presiden	Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	375.00
(2)	373.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in countries, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
[Electronically Filed] Date 05	06 2016
Signature	

Schedule E)	PAGE 9 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	of Public Distribution/Dissemination
	04
Mailing Address 20020 NW 64 Court Amou	unt
City State Zip Code	262.50
Hialeah FL 33015 Trans	saction ID : D450671 of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4 Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016	ent For:
	of Public Distribution/Dissemination
	04 28 2016
Mailing Address 3895 NW 183 Street Amou	unt
City State Zip Code	150.00
Date	saction ID : D450673 e of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	04 / 28 / 2016
Name of Federal Candidate Support Office Soug	ght: House District:
DONALD J TRUMP Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2016	ent For:
(a) CUPTOTAL of Harrison Indiana and a Comment of the Comment of t	
(a) SUBTOTAL of Itemized Independent Expenditures	412.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Gihan Perera  [Electronically Filed] Date 05	06 / Y = Y = Y = Y = Y
Signature	

Schedule E)	PAGE 10 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
	Public Distribution/Dissemination
	M / 28 / 2016
Mailing Address 11960 Tuttle Blvd.  Amount	:
City State Zip Code	112.50
Date of	ction ID : D450675 Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	04 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:
DONALD J TRUMP Oppose Presiden	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  Oth	For:
	Public Distribution/Dissemination
	04 28 2016
Mailing Address 1510 E Mowry Drive Apt 203  Amount	t
City State Zip Code	37.50
Date of	tion ID : D450676 Disbursement or Obligation
	04 / 28 / Y 2016
Name of Federal Candidate Support Office Sought:	House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	150.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co- with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
[Electronically Filed] Date 05	06 / 2016
Signature	

Schedule E)	PAGE 11 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
	Public Distribution/Dissemination
Julio Agredo	
Mailing Address 1051 NW 2 Street Apt. 7  Amount	
City State Zip Code	150.00
Date of	tion ID : D450677 Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	
Name of Federal Candidate Support Office Sought:	House District:
DONALD J TRUMP	Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2016  Other	For: Primary X General er (specify) ▶
	Public Distribution/Dissemination
Audrey Hansack	
Mailing Address 5712 NW 3 Ave Amount	
City State Zip Code	37.50
Date of	ion ID : D450678 Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	
Name of Federal Candidate Support Office Sought:	House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2016  Other	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	187.50
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
[Electronically Filed] Date 05	06 2016
Signature	

Schedule E)	PAGE 12 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y = Y
	Date of Public Distribution/Dissemination
Krizia Barker	04 28 2016
Mailing Address 7540 Adventure Ave	Amount
City State Zip Code	212.50
North Bay Village FL 33141	Transaction ID : D450680 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4 Category/ Type 004	04 / 28 / 2016
Name of Federal Candidate Support Office	Sought: House District:
DONALD LIBRING	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	sement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Amalia Zavala	04 28 2016
Mailing Address 8800 SW 42nd Ter	Amount
City State Zip Code	75.00
Miami FL 33165-5324 <b>1</b>	Fransaction ID : D450682 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4 Category/ Type 004	04 / 28 / 2016
Name of Federal Candidate Support Office	Sought: House District:
DONALD LIBIND	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbur: 2016	sement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	287.50
(-)	201.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1 1 7 1 1 7 1 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date 05	
Signature	

Schedule E)	PAGE 13 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Gloria Lopez	04 28 2016
Mailing Address 701 NW 111th Ct	Amount
Apt 2	Amount
City State Zip Code	187.50
Miami FL 33172-3783	Transaction ID : D450683  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4 Category/ Type	004
Name of Federal Candidate Supp	ort Office Sought: House District:
DONALD J TRUMP	se Resident Senate State:
Calendar Year-To-Date Per Election for Office Sought 42745.55	Disbursement For: Primary X General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Lilian Ramirez	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8801 W Flagler St	Amount
Apt 404	Amount
City State Zip Code	187.50
Miami FL 33174-2424	Transaction ID : D450685  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type	004 04 / 28 / 2016
Name of Federal Candidate Supp	ort Office Sought: House District:
DONALD J TRUMP Oppor	se X President Senate State:
Calendar Year-To-Date Per Election for Office Sought 42745.55	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	375.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······ <b>&gt;</b>
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or ac party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed]	Date 05 06 2016
Signature	

Schedule E)	PAGE 14 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C00521013
Check if 24-hour report  48-hour report  New report  Amends report filed on	/ D = D / Y = Y = Y
	Public Distribution/Dissemination
Michelle Davis	28 / 2016
Mailing Address 9603 NW 9 Avenue Amount	
City State Zip Code	75.00
Miami FL 33150 <b>Transacti</b>	ion ID : D450687 Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	/ / D D / Y Y Y Y
Name of Federal Candidate Support Office Sought:	House District:
DONALD J TRUMP	Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2016  Other	or: Primary X General r (specify) ▶
	Public Distribution/Dissemination
Renette Jean Louis	
Mailing Address 9603 NW 9 Avenue Amount	
City State Zip Code	150.00
	on ID: D450688 Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	
Name of Federal Candidate Support Office Sought:	House District:
DONALD J TRUMP	Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2016  Other	or: Primary X General r (specify) ▶
(a) SUPTOTAL of Itamized Independent Expenditures	
(a) SUBTOTAL of Itemized Independent Expenditures	225.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coop with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
[Electronically Filed] Date 05	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	PENDITO	JNES		PAGE 15 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC				C C00521013
Check if 24-hour report X 48-hour report	New report	Amends re	port filed	I on Man / Dad / Yayayay
Full Name of Payee				Date of Public Distribution/Dissemination
Alina Chavez				04 / 28 / 2016
Mailing Address 195 Grand Canal Drive				Amount
City State	Zip	Code		75.00
Miami FL	33	144		Transaction ID : D450689  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4	С	ategory/ Type 00	)4	Date of Disbursement of Obligation  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	l	Support	Office	e Sought: House District:
DONALD J TRUMP		X Oppose		President Senate State:
Calendar Year-To-Date Per Election for Office Sought		42745.55	Disbu 2016	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee			'	Date of Public Distribution/Dissemination
Raul Vino				04 28 2016
Mailing Address 3586 NW 41 Street D406				Amount
City State	e Zip	Code		187.50
Miami FL	33	3142		Transaction ID : D450690  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4	С	ategory/ Type 00	4	04 D D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Offic	e Sought: House District:
DONALD J TRUMP		X Oppose	X	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	, ,	42745.55	Disb 2016	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures				262.50
(a) CODICIAL OF ROMEZON Macportacin Experioritation				262.50
(b) SUBTOTAL of Unitemized Independent Expenditures			···· <b>•</b>	
(c) TOTAL Independent Expenditures			····· <b>&gt;</b>	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.				
	[Electronical]	ly Filed] Da	ate 0	05 06 2016
Signature	_			

Schedule E)	PAGE 16 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Date o	of Public Distribution/Dissemination
	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3803 SW 82 Ave #9 Amoun	ıt
City State Zip Code	112.50
Date o	action ID : D450692 of Disbursement or Obligation
	04 / 28 / Y 2016
Name of Federal Candidate Support Office Sought	: House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016 Ott	For: Primary X General
	of Public Distribution/Dissemination
	04 28 2016
Mailing Address 15285 SW 107 Lane Apt 201  Amour	nt
City State Zip Code	75.00
Wilding - Oo too	ction ID : D450693 of Disbursement or Obligation
	04 / 28 / 2016
Name of Federal Candidate Support Office Sought	t: House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016 Ot	t For:
(a) SUBTOTAL of Itemized Independent Expenditures	187.50
	107.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date 05	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	PAGE 17 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	V = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	04 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5300 W 21 Court Apt. 212  Amou	ınt
City State Zip Code	75.00
Date	saction ID : D450695 of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4 Category/ Type 004	04 28 2016
Name of Federal Candidate Support Office Sough	nt: House District:
DONALD J TRUMP Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016	nt For:
	of Public Distribution/Dissemination
	04 28 2016
Mailing Address 490 NE 2nd Ave Apt 1211  Amou	unt
City State Zip Code	75.00
	action ID : D450697 of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Financial Management Services of Canvassing Prog. 4/28-5/4  Category/ Type  004	04 / 28 / 2016
Name of Federal Candidate Support Office Sough	ht: House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	150.00
	4 4
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date 05	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	FENDITORES	PAGE 18 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC		C C00521013
Check if 24-hour report X 48-hour report	New report Amends report	filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Sophya Cano		04 28 2016
Mailing Address 11763 SW 14 Street		Amount
City State	Zip Code	112.50
Miami FL	33184	Transaction ID : D450699  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4	Category/ Type 004	Date of Disbursement of Obligation    M   M   / D   D   / Y   Y   Y   Y   Y     Y
Name of Federal Candidate	Support	Office Sought: House District:
DONALD J TRUMP	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General 2016 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Dixiana Duron Gonzalez		04 28 2016
Mailing Address 101 SW 67 Court		Amount
City State	Zip Code	75.00
Miami FL	33144	Transaction ID : D450701  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4	Category/ Type 004	04 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District:
DONALD J TRUMP	Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	42745.55	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ▶
(a) CURTOTAL of Hamizad Indonesiant Europeditures	·	
(a) SUBTOTAL of Itemized Independent Expenditures		187.50
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or at party committee) any political party committee or its agent.		
Gihan Perera	[Electronically Filed] Date	05 06 2016
Signature		

Schedule E)	PAGE 19 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	04 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8887 SW 27 Street  Amou	unt
City State Zip Code	112.50
Date	saction ID : D450703 of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	04 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016	ont For:
	of Public Distribution/Dissemination
	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 15270 SW 104 Street Apt 1-19 Amo	unt
City State Zip Code	150.00
Date	saction ID : D450705 of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4  Category/ Type  004	04 / 28 / 2016
Name of Federal Candidate Support Office Soug	ht: House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2016	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	262.50
	202.00
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date 05	06 / 2016
Signature	

Schedule E)		PAGE 20 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC		C C00521013
Check if 24-hour report X 48-hour report New report	Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee Patrick Villalonga		Date of Public Distribution/Dissemination
		04 28 2016
Mailing Address 15285 SW 107th Ln  Apt 201		Amount
·	Code	75.00
1 ·	196-4543	Transaction ID : D450707 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 4/28-5/4	ategory/ Type 004	04 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: House District:
DONALD J TRUMP		President Senate State:
Calendar Year-To-Date Per Election for Office Sought 4	Disbu 12745.55 2016	ursement For:  Primary
Full Name of Payee Steve Luis		Date of Public Distribution/Dissemination  04 28 2016
Mailing Address 2341 SW 11 Street		Amount 28 2016
City State Zip	Code	215.34
	3135	Transaction ID : D450710  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Financial Management Services of Canvassing Prog. 4/28-5/4	ategory/ Type 004	04 / 28 / 2016
Name of Federal Candidate	Support Offic	ee Sought: House District:
DONALD J TRUMP	∑ Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 4	Disb 2016	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		290.34
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>)</b>	
Under penalty of perjury I certify that the independent expenditures represent, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.		
Gihan Perera [Electronically	y Filed] Date (	05 06 2016
Signature		

Schedule E)	PAGE 21 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
David McDougal	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4231 NW 11 Place Amo	punt
City State Zip Code	480.76
Date	nsaction ID : D450712 e of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Field Director Services 4/28-5/4  Category/ Type  004	04 / 28 / 2016
Name of Federal Candidate Support Office Soug	ght: House District:
DONALD J TRUMP	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2016	ent For:  Primary
	e of Public Distribution/Dissemination
Victricia Chandler	04 28 2016
Mailing Address 20130 SW 104 Court Amo	ount
City State Zip Code	211.54
Date	saction ID : D450714 e of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Operations Director Services 4/28-5/4  Category/ Type  004	04 / 28 / 2016
Name of Federal Candidate Support Office Sough	ght: House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2016	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	692.30
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date 05	06 2016
Signature	

Schedule E)	PAGE 22 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee Daniel Garcia	Date of Public Distribution/Dissemination
Mailing Address 2514 NW 94th Ave	04 28 2016 Amount
City State Zip Code	384.60
Coral Springs FL 33065-4920	Transaction ID : D450716 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Quality Control Coord. Services 4/28-5/4  Category/ Type  004	04 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District:
DONALD J TRUMP Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	rrsement For: Primary X General  Other (specify) ▶
Full Name of Payee Giovanny Navarro	Date of Public Distribution/Dissemination
Mailing Address 8410 SW 150 Ave Apt 104	04 28 2016
	Amount
City State Zip Code  Miami FL 33193	403.84 Transaction ID : D450718
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Estimated Cost for Campaign Management Services 4/26-5/4	04 28 2016
	e Sought: House District:
Oppose X	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  A2745.55  Disbut 2016	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	788.44
(a) SOBTOTAL OF INCINIZED HISOPORDERIC EXPONDITURES	700.44
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Gihan Perera  [Electronically Filed] Date	
Signature	

Schedule E)	PAGE 23 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed of	on M M / D D / Y Y Y Y Y
Full Name of Payee New Florida Majority	Date of Public Distribution/Dissemination
Mailing Address 8330 Biscayne Blvd.	04 28 2016 Amount
Suite 1	
City State Zip Code Miami FL 33138	500.00  Transaction ID : D450721  Date of Disbursement or Obligation
Purpose of Expenditure Tablet Rental for Canvassing 4/28-5/4  Category/ Type  004	04 / 28 / 2016
Name of Federal Candidate Support Office	Sought: House District:
DONALD LIBUMD	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbur 2016	sement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Costco Wholesale	04 / 28 / 2016
Mailing Address 14585 Biscayne Blvd	Amount
City State Zip Code	100.00
30.01	Transaction ID : D450723 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Supplies 4/28-5/4 Category/ Type 004	04 / 28 / 2016
Name of Federal Candidate Support Office	Sought: House District:
DONALD LITPLIMB	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	rsement For: Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mad with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date 05	
Signature	

Schedule E)	PAGE 24 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report 48-hour report New report Amends report filed on	n M = M / D = D / Y = Y = Y
Full Name of Payee Zulema Camacho	Date of Public Distribution/Dissemination
	05 05 2016
Mailing Address 100 SW 83 Way Apt. 102	Amount
City State Zip Code	150.00
	Transaction ID: D450639 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type 004	05 05 / 2016
Name of Federal Candidate Support Office S	Sought: House District:
DONALD J TRUMP Oppose X P	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	rement For: Primary
	Date of Public Distribution/Dissemination
Judith Cruz	05
Mailing Address 8181 NW S River Drive Apt. 145	Amount
City State Zip Code	375.00
initiality	ransaction ID : D450642 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type  004	05 / 05 / 2016
Name of Federal Candidate Support Office s	Sought: House District:
DONALD J TRUMP Oppose S	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	sement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	525.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date	/ 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	PAGE 25 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D D / Y B Y B Y
	f Public Distribution/Dissemination
	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9 East 4 Street Apt 102  Amount	ıt
City State Zip Code	475.00
Hialeah FL 33010 Transa Date of	action ID : D450645 f Disbursement or Obligation
	05 / V 2016
Name of Federal Candidate Support Office Sought:	: House District:
DONALD J TRUMP	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  Oth	For: Primary X General her (specify) ▶
	of Public Distribution/Dissemination
	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 915 NW 1st Ave	nt
Apt H2512	
City State Zip Code	375.00
Wildini	ction ID: D450647  of Disbursement or Obligation
Category/	05 / 2016
Name of Federal Candidate Support Office Sought:	: House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  Ott	For: Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures	850.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date 05	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full) Florida Freedom PAC	FEC IDENTIFICATION NUMBER ▼
Tionaa i reedom i Ae	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Jose Miguel Gonzalez Ortiz	Date of Public Distribution/Dissemination
Mailing Address 1321 NW 42 Street Rear	05 / 05 / 2016
1321 NW 42 Street Rear	Amount
City State Zip Code	375.00
Miami FL 33142	Transaction ID: D450649  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type  004	05
	Sought: House District:
DONALD J TRUMP Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbu 2016	rsement For: Primary X General  Other (specify) ▶
Full Name of Payee Olvin Henriquez	Date of Public Distribution/Dissemination
Mailing Address	05 05 2016
Mailing Address 3351 SW 24 Terrace	Amount
City State Zip Code	475.00
Miami FL 33145	Transaction ID : D450651  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type  004	05 / 2016
DOMAID LIBUMD	Sought: House District:
DONALD J TRUMP Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	rsement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	850.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Gihan Perera  [Electronically Filed] Date 0	5 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	PAGE 27 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report file	ed on
Full Name of Payee Alicia Alzuri	Date of Public Distribution/Dissemination
Mailing Address 9214 SW 147 Ct.	05 05 2016 Amount
City State Zip Code	475.00
Miami FL 33196  Purpose of Expenditure	Transaction ID : D450653  Date of Disbursement or Obligation
Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type  004	05 05 7 2016
Name of Federal Candidate Support Off	ice Sought: House District:
DONALD J TRUMP Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For:  Primary  General  6 Other (specify) ▶
Full Name of Payee Viky Lara	Date of Public Distribution/Dissemination
Mailing Address 11960 Tuttle Blvd.	05 05 2016
11900 Tuttle Bivu.	Amount
City State Zip Code	375.00
Miami FL 33184	Transaction ID : D450656  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type  004	05 / 05 / 2016
Name of Federal Candidate Support Off	ice Sought: House District:
DONALD J TRUMP Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Dis 20	bursement For: Primary General  Other (specify)   General
(a) SUBTOTAL of Itemized Independent Expenditures	850.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
[Electronically Filed] Date	05 06 2016
Signature	

Schedule E)	PAGE 28 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends	s report filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Jorge Macias	05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7080 NW 174 Terrace Apt. 104	05 05 2016  Amount
City State Zip Code  Miami FL 33015	375.00
	Transaction ID : D450658  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type	004 05 05 7 2016
Name of Federal Candidate Supp	ort Office Sought: House District:
DONALD J TRUMP Oppor	
Calendar Year-To-Date	Disbursement For: Primary General
Per Election for Office Sought 42745.55	2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Julio Cesar Maldonado Rodriguez	05 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7757 SW 86 Street Apt. C111	Amount
City State Zip Code	425.00
Miami FL 33143	Transaction ID : D450660  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type	004 05 05 7 2016
Name of Federal Candidate Supp	ort Office Sought: House District:
DONALD J TRUMP Oppor	
Calendar Year-To-Date	Disbursement For: Primary X General
Per Election for Office Sought 42745.55	2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	▶ 800.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(a) TOTAL lader and set Empeditures	
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or ac party committee) any political party committee or its agent.	
Gihan Perera	M M / D D / Y Y Y Y
[Electronically Filed] Signature	Date 05 06 2016
<b>3</b> m -	

Schedule E)	I EXPEND	ITORES		PAGE 29 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC				C C00521013
Check if 24-hour report X 48-hour report	New rep	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Maria Patricia Medina				of Public Distribution/Dissemination
Moiling Address				05 2016
Mailing Address 3700 NW 62 Ave. Apt. 207			Amou	nt
City	State	Zip Code		375.00
Miami	FL	33166		action ID: D450662 of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004		05 05 / 2016
Name of Federal Candidate		Support	Office Sough	t: House District:
DONALD J TRUMP		Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought	, , , ,	42745.55	Disbursemen 2016 O	t For: Primary X General
Full Name of Payee			Date	of Public Distribution/Dissemination
Xaviera Ramos			IV	05
Mailing Address 2406 San Remo Circle			Amou	nt
City	State	Zip Code		425.00
Homestead	FL	33035		ction ID : D450664 of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	TV	05 / 05 / 2016
Name of Federal Candidate		Support	Office Sough	t: House District:
DONALD J TRUMP		X Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	42745.55	Disbursemen 2016 O	t For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditure	ne.			200.00
(a) SOBTOTAL OF HOMIZED INDEPENDENT EXPONDITURE	,			800.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		•	7 1 7 1 7 1
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Gihan Perera	[Electron	ically Filed] Date	05	06 2016
Signature				

Schedule E)	TI EXI END			PAGE 30 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC				C C00521013
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	M / D D / Y Y Y Y Y
Full Name of Payee Henrietta Ricketts			М	of Public Distribution/Dissemination
Mailing Address 10601 NW 17 Ave Apt 102			Amour	05 05 2016 nt
City	State	Zip Code		475.00
Miami	FL	33147		action ID : D450666  of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	М	05 05 / 2016
Name of Federal Candidate		Support	Office Sought	: House District:
DONALD J TRUMP		Oppose	X Preside	sent Senate State:
Calendar Year-To-Date Per Election for Office Sought		42745.55	Disbursement 2016 Ot	t For: Primary
Full Name of Payee Juanita Romera			_	of Public Distribution/Dissemination
Mailing Address 114 NE 83 Street			Amou	nt
City	State	Zip Code		375.00
Miami  Durance of Europediture	FL	33138		ction ID : D450668  f Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type 004	M	05 / 2016
Name of Federal Candidate		Support	Office Sough	t: House District:
DONALD J TRUMP		X Oppose	X Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	42745.55	Disbursement 2016 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			850.00
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	
(c) TOTAL Independent Expenditures			· ·	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Gihan Perera	[Electron	nically Filed] Date	e 05	06 2016
Signature				

Schedule E)	LXI LIYDI	TOTILO				PAGE 31 OF 42 FOR SE OF FORM 24/48	_
NAME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼	,
Florida Freedom PAC					С	C00521013	
Check if 24-hour report X 48-hour report	X New repo	ort Am	ends repo	ort filed on	M = M	/ D = D / Y = Y = Y	
Full Name of Payee Ivan Zuleta				Date	M = M	c Distribution/Dissemination	1
Mailing Address 3501 W 11 Avenue Apt. 113				Amo	05 unt	05 2016	_
City St	ate	Zip Code		— г		375.00	1
Hialeah	FL	33012				ID : D450670 ursement or Obligation	_
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type	004		05	05 / 2016	]
Name of Federal Candidate		<u>'</u>	Support	Office Soug	ht:	House District:	_
DONALD J TRUMP			Oppose	X Presid	_	Senate State:	_
Calendar Year-To-Date Per Election for Office Sought		42745.55		Disburseme		Primary X General	_
Full Name of Payee				Date	of Publ	ic Distribution/Dissemination	
Ysis Perez					M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1
Mailing Address 20020 NW 64 Court				Amo		2010	
City	tate	Zip Code		-		475.00	٦
'	FL	33015				D: D450672 ursement or Obligation	
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15		Category/ Type	004	] [	M M M	05 / 2016	
Name of Federal Candidate			Support	Office Soug	ht:	House District:	_
DONALD J TRUMP			Oppose	X Presid	dent	Senate State:	_
Calendar Year-To-Date Per Election for Office Sought		42745.55	-	Disburseme	nt For:	Primary	I
	,				otrici (s	poony)	_
(a) SUBTOTAL of Itemized Independent Expenditures				•		850.00	]
(b) SUBTOTAL of Unitemized Independent Expenditures	S						]
(c) TOTAL Independent Expenditures				•			]
Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized						
Gihan Perera	[Electroni	ically Filed]	Date	9 05	06	/ Y Y Y Y Y 2016	
Signature							

Schedule E)	1511 51125	PAGE 32 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC		C C00521013
Check if 24-hour report X 48-hour report New r	report Amends repor	t filed on D / Y Y Y Y Y
Full Name of Payee Antonio Williams		Date of Public Distribution/Dissemination
Mailing Address 3895 NW 183 Street		05 05 2016  Amount
City State	Zip Code	375.00
Miami Gardens FL	33055	Transaction ID : D450674  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15	Category/ Type 004	05 / 05 / 2016
Name of Federal Candidate	Support	Office Sought: House District:
DONALD J TRUMP	X Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	42745.55	Disbursement For:  Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Audrey Hansack		05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5712 NW 3 Ave		Amount
		Allouit
City State	Zip Code	375.00
Miami FL	33127	Transaction ID : D450679  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15	Category/ Type 004	05 / 05 / 2016
Name of Federal Candidate	Support	Office Sought: House District:
DONALD J TRUMP	X Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	42745.55	Disbursement For: Primary ☐ General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		750.00
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		<b>•</b>
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	ronically Filed] Date	05
Signature		

Schedule E)	PAGE 33 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
	of Public Distribution/Dissemination
	05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7540 Adventure Ave Amou	unt
City State Zip Code	425.00
North Bay Village FL 33141 Trans	saction ID : D450681 of Disbursement or Obligation
Purpose of Expenditure	05 05 2016
Name of Federal Candidate Support Office Sough	ht: House District:
DONALD J TRUMP	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016	nt For:
	of Public Distribution/Dissemination
	05 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 701 NW 111th Ct	unt
Apt 2	275.00
	375.00 saction ID : D450684
Purpose of Expenditure	of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sough	ht: House District:
DONALD J TRUMP Oppose Presid	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016	ont For:
(a) SUBTOTAL of Itemized Independent Expenditures	800.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date 05	06 2016
Signature	

Schedule E)	PAGE 34 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Lilian Ramirez  Date of I	Public Distribution/Dissemination
05	
Mailing Address 8801 W Flagler St  And 404	
City State Zip Code	275.00
Miami FL 33174-2424 Transact	375.00 etion ID : D450686
Purpose of Expanditure	Disbursement or Obligation
Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type 004 05	
Name of Federal Candidate  Support  Office Sought:	House District:
DONALD J TRUMP Oppose President	Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2016  Other	For: Primary
	Public Distribution/Dissemination
Raul Vino	
Mailing Address 3586 NW 41 Street D406 Amount	
City State Zip Code	375.00
Wilding Street	ion ID : D450691 Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type  004	
Name of Federal Candidate Support Office Sought:	House District:
DONALD J TRUMP	t Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2016  Other	For: Primary X General er (specify) ▶
	(-)
(a) SUBTOTAL of Itemized Independent Expenditures	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7.1.7.1.5.1
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coowith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
[Electronically Filed] Date 05	06 2016
Signature	

Schedule E)	PAGE 35 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report  48-hour report  New report  Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Nina Villalonga	05
Mailing Address 15285 SW 107 Lane Apt 201	nount
City State Zip Code	375.00
Dat	insaction ID : D450694 te of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type 004	05 05 / 2016
Name of Federal Candidate Support Office Sou	ıght: House District:
DONALD J TRUMP	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2016	nent For: Primary X General Other (specify) ▶
	te of Public Distribution/Dissemination
Yanet Mendez	05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 5300 W 21 Court Apt. 212	nount
City State Zip Code	375.00
Hialeah FL 33016 Tran	nsaction ID : D450696 te of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type 004	05 / 2016
Name of Federal Candidate Support Office Sou	ught: House District:
DONALD J TRUMP Oppose Pres	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburser 2016	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	750.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date	06 2016
Signature	

Schedule E)	PAGE 36 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	/ = M / D = D / Y = Y = Y
	of Public Distribution/Dissemination
	05
Mailing Address 490 NE 2nd Ave Apt 1211  Amou	ınt
City State Zip Code	375.00
Date	saction ID : D450698 of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type 004	05 05 / 2016
Name of Federal Candidate Support Office Sough	nt: House District:
DONALD J TRUMP Oppose Preside	
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2016	nt For:
	of Public Distribution/Dissemination
Sophya Cano	05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11763 SW 14 Street Amou	unt
City State Zip Code	375.00
Miami FL 33184 <b>Trans</b> a	action ID : D450700 of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type  004	05 05 / 2016
Name of Federal Candidate Support Office Sough	ht: House District:
DONALD J TRUMP Oppose Presid	
Calendar Year-To-Date Per Election for Office Sought  Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	750.00
	7 00.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	7 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date 05	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	PAGE 37 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C00521013
Check if 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Date of F	Public Distribution/Dissemination
Dixiana Duron Gonzalez	
Mailing Address 101 SW 67 Court  Amount	
City State Zip Code	375.00
Miami FL 33144 <b>Transact</b>	tion ID: D450702 Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type 004	
Name of Federal Candidate Support Office Sought:	House District:
DONALD J TRUMP  Oppose  President	Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbursement For 2016  Other	or: Primary X General er (specify) ▶
	Public Distribution/Dissemination
Beatrice Alvarez	
Mailing Address 8887 SW 27 Street  Amount	
City State Zip Code	375.00
Date of D	on ID: D450704 Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type  004	
Name of Federal Candidate Support Office Sought:	House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought  Disbursement F- 2016  Othe	for: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	750.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coop with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
[Electronically Filed] Date 05	06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	PAGE 38 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Damagaly Licona	ate of Public Distribution/Dissemination
Mailing Address	05 05 2016
Mailing Address 15270 SW 104 Street Apt 1-19	mount
City State Zip Code	375.00
	ransaction ID : D450706 ate of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type  004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sc	ought: House District:
DONALD J TRUMP	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburses 2016	ment For:
	ate of Public Distribution/Dissemination
Patrick Villalonga	05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 15285 SW 107th Ln	mount
Apt 201	
	375.00 ansaction ID : D450708
Purpose of Expanditure	ate of Disbursement or Obligation
Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type  004	05 2016
Name of Federal Candidate Support Office So	ought: House District:
DONALD J TRUMP	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburse 2016	ement For: Primary ⊠ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	750.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Gihan Perera  [Electronically Filed] Date 05	06 2016
Signature	

Schedule E)	PAGE 39 OF 42 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Florida Freedom PAC	C C00521013	
Check if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay	
Full Name of Payee	Date of Public Distribution/Dissemination	
Piery-Ann Guzman	05 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 13803 SW 114 Terrace	Amount	
City State Zip Code	375.00	
Miami FL 33186	Transaction ID : D450709 Date of Disbursement or Obligation	
Purpose of Expenditure Estimated Cost for Canvassing Services 5/5-5/15  Category/ Type  004	05 / 05 / 2016	
Name of Federal Candidate Support Offi	ce Sought: House District:	
DONALD LIBRING	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For: Primary X General  6 Other (specify) ▶	
Full Name of Payee	Date of Public Distribution/Dissemination	
Steve Luis	05 05 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 2341 SW 11 Street	Amount	
City State Zip Code	242.26	
Miami FL 33135	Transaction ID : D450711 Date of Disbursement or Obligation	
Purpose of Expenditure Estimated Cost for Financial Management Services of Canvassing Prog. 5/5-5/15  Category/ Type  004	05 05 2016	
Name of Federal Candidate Support Off	ice Sought: House District:	
DONALD LIBLIMD	President Senate State:	
Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For: Primary General  Other (specify)   Other	
(a) SUBTOTAL of Itemized Independent Expenditures	617.26	
	7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Gihan Perera [Electronically Filed] Date	05 06 2016	
Signature		

Schedule E)	PAGE 40 OF 42 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Florida Freedom PAC	C C00521013	
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y	
	Public Distribution/Dissemination	
	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4231 NW 11 Place Amount		
City State Zip Code	673.06	
Date of	ction ID : D450713 Disbursement or Obligation	
Purpose of Expenditure Estimated Cost for Field Director Services 5/5-5/15  Category/ Type  004	05 / 2016	
Name of Federal Candidate Support Office Sought:	House District:	
DONALD J TRUMP		
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  Oth	For:	
	Public Distribution/Dissemination	
	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 20130 SW 104 Court Amount	t	
City State Zip Code	237.98	
Date of	tion ID : D450715  Disbursement or Obligation	
	05 Y 2016	
Name of Federal Candidate Support Office Sought:	House District:	
DONALD J TRUMP Oppose Presiden		
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  Oth	For: Primary X General ner (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures	044.04	
(a) SOBTOTAL OF HOMESON MOOPERIAGHT EXPENDITURES	911.04	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7	
(c) TOTAL Independent Expenditures	7 7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
[Electronically Filed] Date 05	06 / 2016	
Signature		

Schedule E)	PAGE 41 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report	t filed on
Full Name of Payee Daniel Garcia	Date of Public Distribution/Dissemination
Mailing Address 2514 NW 94th Ave	05 05 2016  Amount
City State Zip Code	538.44
Coral Springs FL 33065-4920	Transaction ID : D450717 Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Quality Control Coord. Services 5/5-5/15  Category/ Type  004	05 / D D D D D D D D D D D D D D D D D D
Name of Federal Candidate Support	Office Sought: House District:
DONALD J TRUMP Oppose	President Senate State:
Odichadi Todi To Bato	Disbursement For: Primary X General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Giovanny Navarro	05 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 8410 SW 150 Ave Apt 104	Amount
City State Zip Code	565.38
Miami FL 33193	Transaction ID : D450719  Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Campaign Management Services 5/5-5/15  Category/ Type  004	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
DONALD J TRUMP Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 42745.55	Disbursement For: Primary General 2016
	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1103.82
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date	05 06 2016
Signature	

Schedule E)	PAGE 42 OF 42 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Florida Freedom PAC	C C00521013
Check if 24-hour report X 48-hour report New report Amends report filed of	on M = M / D = D / Y = Y = Y
Full Name of Payee New Florida Majority	Date of Public Distribution/Dissemination
	05 05 2016 Amount
Suite 1	
	1000.00  Transaction ID : D450722  Date of Disbursement or Obligation
Purpose of Expenditure Tablet Rental for Canvassing 5/5-5/15  Category/ Type  004	05 / 05 / 2016
Name of Federal Candidate Support Office	Sought: House District:
DONALD LIBLING	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	sement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Costco Wholesale	05 / 05 / 2016
Mailing Address 14585 Biscayne Blvd	Amount
City State Zip Code	100.00
	<b>Fransaction ID : D450724</b> Date of Disbursement or Obligation
Purpose of Expenditure Estimated Cost for Canvassing Supplies 5/5-5/15  Category/ Type  004	05 / 05 / 2016
Name of Federal Candidate Support Office	Sought: House District:
DONALD J TRUMP Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	Sement For: Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1100.00
(1) OUD-0-11 (11 % 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	23413.20
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, party committee) any political party committee or its agent.	
Gihan Perera [Electronically Filed] Date 05	
Signature	